

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28221

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City

(No. 8475)

City St. Louis

2. FULL NAME

(a) Residence, No. 4343
(Usual place of abode) Bk. 15

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan. 7 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

76

7

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Carpenter

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Minersville Pa.

FATHER

13. NAME

McClure

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Minersville Pa.

MOTHER

15. MAIDEN NAME

Wick

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Wickburg Pa.

17. INFORMANT
(ADDRESS)

Dr. J. H. Keat
City Hosp.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hopewell, Mo.

DATE Aug. 26th, 1933

19. UNDERTAKER
(ADDRESS)

Wachen-Belders
2331 S. Broadway

20. FILED

Aug 26 1933

J. F. Brudick

Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from

8-22

1933, to

8-25

1933

I last saw him alive on 8-25, 1933. Death is said

to have occurred on the date stated above, at 4:05 PM.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pneumonia
Pleural effusion

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Clin

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

